

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1					
5	1		1			
6		2		1		
7		3		1		
8		3		1		
9	1		1			
10		1		1		
11	1		1			
12		3		1		
13	3					
14	2					
15		1				
16		2		1		
17		2		1		
18	1					
19		2		1		
20		2		1		
21		2		1		
22		2		1		
23		2		1		
24		2		1		
25		2		1		
26	1		1			
27		2		1		
28		2		1		
29		2		1		
30		2		1		
31		2		1		
32		2		1		
33		2		1		
34		2		1		
35		2		1		
36		2		1		
37	1		1			
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44	1		1			
45		1		1		
46		2		1		
47	1		1			
48		1		1		
49		2		1		
50		2		1		
TOTAL IND.			9			
TOTAL DEP.		45				
TOTAL CLAIMS		54				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	1					
54			1			
55			1			
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						